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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| DISTRICT OF MARYLAND, BALTIMORE DIVISION | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ■ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Bradley First name D. | First name |
| | Bring your picture identification to your meetin with the trustee. | Middle name Goode Last name and Suffix (Sr., Jr., II, III) | Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-0523 | |

Debtor 1 Goode, Bradley D.

Case number (if known)

| se): |
|---|
| ls. |
| |
| |
| |
| om yours, fill it in s to this mailing |
| Code |
| petition, I have ther district. |
| |

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| Deb | tor 1 | Goode, Bradley D | - | | | | Case number (if known) | | |
|-----|----------------------------------|--|--------------------------|-----------------------------|---|--|---|--------------------------------|--|
| | | | | | | | | | |
| Par | 2: | Tell the Court About \ | our Bankru | iptcy Ca | se | | | | |
| 7. | Bank | chapter of the ruptcy Code you are | Check one 2010)). Als | e. (For a b so, go to th | orief description of each, see <i>Notice Required by 11 U.S.C.</i> § 342(b) for <i>Individuals Filing for Bankruptcy (Form</i> the top of page 1 and check the appropriate box. | | | | |
| | cnoo | sing to file under | ☐ Chapte | er 7 | | | | | |
| | | | ☐ Chapte | er 11 | | | | | |
| | | | ☐ Chapte | er 12 | | | | | |
| | | | ■ Chapte | er 13 | | | | | |
| | | | | | | | | | |
| 8. | How | you will pay the fee | abou If yo | ut how you | u may pay. Typically, if y is submitting your pa | you are paying the fee yo | eck with the clerk's office in your loca ourself, you may pay with cash, cash our attorney may pay with a credit car | ier's check, or money order. | |
| | | | | | the fee in installmen | | tion, sign and attach the Application | for Individuals to Pay The | |
| | | | not r your | equired to | o, waive your fee, and r ze and you are unable t | nay do so only if your inc o pay the fee in installme | ion only if you are filing for Chapter 7 come is less than 150% of the official ents). If you choose this option, you nB) and file it with your petition. | I poverty line that applies to | |
| | | | | | | | | | |
| 9. | | you filed for ruptcy within the last | No. | | | | | | |
| | 8 yea | | ☐ Yes. | | | | | | |
| | | | | District | | When | Case number _ | | |
| | | | | District | | When | Case number _ | | |
| | | | | District | | When | Case number _ | | |
| 10 | Are a | iny bankruptcy cases | | | | | | | |
| | pend a spo this o a bus | ing or being filed by buse who is not filing case with you, or by siness partner, or by filiate? | ■ No □ Yes. | | | | | | |
| | | | | Debtor | | | Relationship to you | J. | |
| | | | | District | | When | Case number, if kn | | |
| | | | | Debtor | | | Relationship to you | | |
| | | | | District | | When | Case number, if kn | own | |
| | | | | | | | | | |
| 11. | | ou rent your ence? | ■ No. | Go to I | ine 12. | | | | |
| | | | ☐ Yes. | Has yo | our landlord obtained a | n eviction judgment aga | inst you? | | |
| | | | | | No. Go to line 12. | | | | |
| | | | | | Yes. Fill out <i>Initial State</i> bankruptcy petition. | tement About an Eviction | n Judgment Against You (Form 101 <i>)</i> | A) and file it as part of this | |

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| Deb | otor 1 Goode, Bradley D | | | | Case number (if known) | | | |
|-----|---|------------------------|---|--|---|--|--|--|
| | | | | | | | | |
| Par | Report About Any Bus | sinesses ` | You Own | as a Sole Proprieto | or | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | | |
| | business: | ☐ Yes. | Name | and location of bus | iness | | | |
| | A sole proprietorship is a | | | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | of business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach it | | Numb | per, Street, City, Sta | te & ZIP Code | | | |
| | to this petition. | | Chec | Check the appropriate box to describe your business: | | | | |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | | |
| | | | | Stockbroker (as de | efined in 11 U.S.C. § 101(53A)) | | | |
| | | | | Commodity Broke | r (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | | None of the above | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation | f you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 J.S.C. 1116(1)(B). | | | | | |
| | For a definition of small | ■ No. | I am r | not filing under Chap | oter 11. | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | | | |
| | | ☐ Yes. | I am f | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| Par | t 4: Report if You Own or | Have Any | Hazardo | us Property or Any | Property That Needs Immediate Attention | | | |
| 14. | Do you own or have any | ■ No. | | | | | | |
| | property that poses or is alleged to pose a threat of | ☐ Yes. | | | | | | |
| | imminent and identifiable hazard to public health or | | What is | the hazard? | | | | |
| | safety? Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | | | | |
| | | | | | Number, Street, City, State & Zip Code | | | |
| | | | | | | | | |

Debtor 1 Goode, Bradley D. Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about

credit counseling because of:

П Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | otor 1 Goode, Bradley D | Case number (if known) | | | | | | | |
|-----|--|----------------------------|--|----------------------------|---|--|--|--|--|
| Par | t 6: Answer These Question | ons for Repo | rting Purposes | | | | | | |
| 16. | What kind of debts do you have? | | re your debts primarily c dividual primarily for a pers | | | ned in 11 U.S.C.§ 101(8) as "incurred by an | | | |
| | | | No. Go to line 16b. | | | | | | |
| | | | ■ Yes. Go to line 17. | | | | | | |
| | | | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | | |
| | | | No. Go to line 16c. | | | | | | |
| | | | Yes. Go to line 17. | | | | | | |
| | | 16c. St | ate the type of debts you o | we that are not consume | er debts or business o | debts | | | |
| 17. | Are you filing under Chapter 7? | ■ No. | nm not filing under Chapte | er 7. Go to line 18. | | | | | |
| | Do you estimate that after any exempt property is excluded and | | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative exp paid that funds will be available to distribute to unsecured creditors? | | | | | | |
| | administrative expenses | | l No | | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | Yes | | | | | | |
| 18. | How many Creditors do | ■ 1-49 | | 1 ,000-5,000 |) | □ 25,001-50,000 | | | |
| | you estimate that you owe? | □ 50-99 | | <u></u> 5001-10,000 | | <u></u> 50,001-100,000 | | | |
| | | 100-199 | | ☐ 10,001-25,0 | 000 | ☐ More than100,000 | | | |
| | | 200-999 | | | | | | | |
| 19. | How much do you | □ \$0 - \$50, | 000 | □ \$1,000,001 | - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | \$50,001 | | | □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion | | | | |
| | | ■ \$100,001 □ \$500,001 | | | 1 - \$100 million 01 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| | | \$500,001 | - \$1 million | | | _ ividio didiri \$60 Silileri | | | |
| 20. | How much do you | □ \$0 - \$50, | | 1 \$1,000,001 | | □ \$500,000,001 - \$1 billion | | | |
| | estimate your liabilities to be? | — \$30,001 | | | □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 | | | | |
| | | ■ \$100,001 □ \$500,001 | · · | _ ' ' ' | 1 - \$100 million 01 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| | | 5 500,001 | - \$1 HIIIIOH | | | | | | |
| Par | t7: Sign Below | | | | | | | | |
| For | you | I have exami | ned this petition, and I decl | lare under penalty of per | rjury that the informati | ion provided is true and correct. | | | |
| | | | sen to file under Chapter in a contract to the sentence of the contract the relief available of the contract to the contract t | | | under Chapter 7, 11,12, or 13 of title 11, Unite roceed under Chapter 7. | | | |
| | | | represents me and I did n d and read the notice requi | | | n attorney to help me fill out this document, I | | | |
| | | I request reli | ef in accordance with the | chapter of title 11, Unite | ed States Code, spec | cified in this petition. | | | |
| | | case can res | | | | roperty by fraud in connection with a bankruptcy 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | |
| | | Bradley D Signature of | . Goode | | Signature of Debto | or 2 | | | |
| | | Executed on | | | Executed on | | | | |
| | | | MM / DD / YYYY | | MM | 1 / DD / YYYY | | | |

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| Debtor 1 Goode, Bradley D. Case number (if known) | |
|---|--|
|---|--|

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ James Logan | Date | June 4, 2019 |
|--|---------------|-------------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| | | |
| James Logan | | |
| Printed name | | |
| James R. Logan P.A. | | |
| Firm name | | |
| | | |
| 2419 Maryland Avenue | | |
| Baltimore, MD 21218 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone | Email address | jamesrlogan@jamesrloganpa.com |
| James Logan | | |
| Bar number & State | | |

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| | Case 19-1701 | Doc 1 1 lied 00/04/ | 19 1 age 0 01 43 | | |
|-----------|--|--------------------------------------|------------------------------------|--------------|-------------------------------|
| | Fill in this information to identify your case: | | | | |
| Del | btor 1 Bradley D. Goode | | | | |
| | First Name Middle N | me Last Name | | | |
| | btor 2 ouse if, filing) First Name Middle N | me Last Name | | | |
| Uni | ited States Bankruptcy Court for the: DISTRICT C | F MARYLAND, BALTIMORE DIVIS | SION | | |
| | | , | | | |
| | se number nown) | | | ☐ Check | c if this is an |
| | | | | amen | ded filing |
| | | | | | |
| <u>Of</u> | fficial Form 106Sum | | | | |
| | ımmary of Your Assets and Liabi | | | | 12/15 |
| | as complete and accurate as possible. If two marri ormation. Fill out all of your schedules first; then c | | | | |
| | r original forms, you must fill out a new Summary | | | | and you me |
| Par | rt 1: Summarize Your Assets | | | | |
| | | | | Your a | ssets |
| | | | | Value o | f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A | /R | | \$ | 200,000.00 |
| | Copy line 62, Total personal property, from Sch | | | ¢ — | 4,149.10 |
| | Copy line 63, Total of all property on Schedule | | | Ψ — | , |
| | 1c. Copy line 63, Total of all property on Schedule | VB | | » | 204,149.10 |
| Par | rt 2: Summarize Your Liabilities | | | | |
| | | | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured & 2a. Copy the total you listed in Column AAmount of | | of Part 1 of Schedule D | \$ | 200,000.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Cla. 3a. Copy the total claims from Part 1 (priority unse | | e E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority u | nsecured claims) from line 6j d3ched | dule E/F | \$ | 2,297.00 |
| | | | | | |
| | | | Your total liabilities | \$ | 202,297.00 |
| | | | | | |
| Par | rt 3: Summarize Your Income and Expenses | | | | |
| 4. | Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 | Schedule I | | \$ | 3,551.23 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Sched | ıle J | | \$ | 4,425.00 |
| Par | rt 4: Answer These Questions for Administrative | and Statistical Records | | | |
| 6. | Are you filing for bankruptcy under Chapters 7, | I1. or 13? | | | |
| | □ No. You have nothing to report on this part of the | | nis form to the court with your of | her schedu | les. |
| | ■ Yes | | | | |
| 7. | What kind of debt do you have? | | | | |
| | Your debts are primarily consumer debts. purpose." 11 U.S.C. § 101(8). Fill out lines 8-9 | | | ersonal, far | nily, or household |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the

court with your other schedules.

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Debtor 1 Goode, Bradley D. Case number (if known)

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____5,374.83

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | 1 |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| | | ase 19-1701 | | | iiled 00/0 4 /19 17 | ago 10 oi | | |
|--|---|---|------------------------|------------------------------------|---|-----------------------------------|---------------------------------|--|
| Fill | in this information to | dentify your case | and th | is filing: | | | | |
| Debtor 1 | Bradley D. C | | | | | | | |
| Debtor 2 | First Name | Middle | Name | | Last Name | | | |
| (Spouse, if filing | g) First Name | Middle | Name | | Last Name | | | |
| United State | es Bankruptcy Court for | the: DISTRICT (| OF MAI | RYLAND, BAL | TIMORE DIVISION | | | |
| Case numb | er | | | | _ | | | ☐ Check if this is an amended filing |
| Official | Form 106A/B | | | | | | | |
| | dule A/B: Pi | - | | | | | | 12/15 |
| think it fits be information. I Answer every | est. Be as complete and a If more space is needed, a | ccurate as possible attach a separate sh | e. If two eet to th | married people nis form. On the | n asset fits in more than on are filing together, both are top of any additional page: on or Have an Interest In | equally respo | nsible for sup | plying correct |
| | to Part 2. /here is the property? | | | | | | | |
| 1.1 | | | _ | | ? Check all that apply | D | | |
| 1327 | Nautical Cir | | | 0 , | nome ti-unit building | the amount | of any secure | d claims on Schedule D: |
| Street a | ddress, if available, or other des | cription | | • | or cooperative | Creditors v | vno Have Clair | ns Secured by Property. |
| Esse: | x MD State | 21221-6082 ZIP Code | | Manufactured Land Investment pro | or mobile home | Current va entire prop \$20 | | Current value of the portion you own? \$200,000.00 |
| | | | _ | has an interest | t in the property? Check one | _ (such as fe | ee simple, ten e), if known. | our ownership interest ancy by the entireties, or |
| County | | | | Debtor 1 and At least one o | f the debtors and another ou wish to add about this ite | (see in: | structions) | munity property |
| | e dollar value of the po | | | | om Part 1, including any | | ages | \$200,000.00 |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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| Debtor 1 Goode, Bradley | y D. | Case number (if known) | |
|--|--|-------------------------------------|--|
| B. Cars, vans, trucks, tractors, | , sport utility vehicles, motorcycles | | |
| □No | | | |
| ■ Yes | | | |
| _ 103 | | | |
| 3.1 Make: | Who has an interest in the property? Check | | ed claims or exemptions. Put |
| Model: | ■ Debtor 1 only | the amount of any se | cured claims on Schedule D: Claims Secured by Property. |
| Year: | Debtor 2 only | Current value of the | |
| Approximate mileage: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| Other information: | At least one of the debtors and another | | |
| 2010 Chevrolet Malik | bu 160000 Check if this is community property (see instructions) | \$1,100.0 | 0 \$1,100.00 |
| Examples: Boats, trailers, motor No Yes Solution Yes Add the dollar value of the you have attached for Part Part 3: Describe Your Personal and Do you own or have any legal Household goods and furnity | l or equitable interest in any of the following items? | ycle accessories | \$1,100.00 Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No ■ Yes. Describe | II kitchen utensils, pots, pans, dishes and glassw | vare | \$75.0 |
| | m monor atoriono, poto, pario, alongo ana giacon | | |
| | ll kitchen appliances including stove, refridgeratonicrowave, washer/dryer | or, dishwasher, | \$500.0 |
| | ll household furnishings including living room, d edroom and kitchen furniture | ining room, | \$800.0 |
| including cell pho ☐ No ☐ Yes. Describe | adios; audio, video, stereo, and digital equipment; computers, pones, cameras, media players, games III TV's and other electronic devices | rinters, scanners; music collectio | ns; electronic devices \$500.0 |
| | | | |
| | rines; paintings, prints, or other artwork; books, pictures, or oth iorabilia, collectibles | er art objects; stamp, coin, or bas | seball card collections; other |
| Equipment for sports and h Examples: Sports, photograp instruments No Yes. Describe | nobbies whic, exercise, and other hobby equipment; bicycles, pool tables | s, golf clubs, skis; canoes and kay | yaks; carpentry tools; music |

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| De | ebtor 1 | Goode, Brad | lley D. | | Case number (if known) | |
|-----|----------------------------|-----------------------------------|---|--|-----------------------------|---|
| 10. | Firearm Examp ■ No | | , shotguns, ammunition, and relat | ted equipment | | |
| | ☐ Yes. | Describe | | | | |
| 11. | □ No É | | hes, furs, leather coats, designer | wear, shoes, accessories | | |
| | | | All articles of clothing inc | luding shoes and outerwear | | \$300.00 |
| 12. | □ No É | | | t rings, wedding rings, heirloom jewe | | silver \$100.00 |
| | Examp ■ No | rm animals bles: Dogs, cats, b | irds, horses | | | |
| | | | | deserte Part Seeder Programme to add | da Rd Ret | |
| | ■ No | Give specific info | | already list, including any health a | ilds you did not list | |
| 15 | | | of all of your entries from Part 3 ber here | , including any entries for pages y | you have attached for | \$2,275.00 |
| | | scribe Your Financ | | | | |
| Do | you ow | n or have any le | gal or equitable interest in any | of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | ■ No | | ave in your wallet, in your home, in | a safe deposit box, and on hand who | en you file your petition | |
| 17. | | | vings, or other financial accounts; If you have multiple accounts with | certificates of deposit; shares in creating the same institution, list each. | dit unions, brokerage hous | es, and other similar |
| | | | | Institution name: | | |
| | | | <u> </u> | . O | | 077440 |
| | | | 17.1. Checking Account | Security Plus FCU; balance | e as of 06/03/19 | \$774.10 |
| 18. | | | r publicly traded stocks investment accounts with brokerac | ge firms, money market accounts | | |
| | _ | | Institution or issuer nam | ne: | | |
| 19. | Non-pu joint ve ■ No | | ck and interests in incorporate | d and unincorporated businesses | s, including an interest ir | n an LLC, partnership, and |
| | | Give specific info | ormation about them | | | |
| | | | Name of entity: | | % of ownership: | |

Case 19-17614 Doc 1 Filed 06/04/19 Page 13 of 45 Debtor 1 Case number (if known) Goode, Bradley D. $20. \ \, \textbf{Government and corporate bonds and other negotiable and non-negotiable instruments}$

| | | you cannot transfer to someone by signi | • | |
|-----|---|---|---|---|
| | No | | | |
| | ☐ Yes. Give specific information about | | | |
| | Issuer r | ame: | | |
| 21. | . Retirement or pension accounts Examples: Interests in IRA, ERISA, № No | Geogh, 401(k), 403(b), thrift savings acc | counts, or other pension or profit-sharing p | blans |
| | Yes. List each account separately. | | | |
| | Type of ac | count: Institution name Retirement a | | unknown |
| 22. | | have made so that you may continue se | ervice or use from a company as, water), telecommunications companies, | or others |
| | ☐ Yes | Institution name | or individual: | |
| 23. | _ ` ' ' | syment of money to you, either for life or f | or a number of years) | |
| | ■ No □ Yes Issuer name ar | d description. | | |
| 24. | Interests in an education IRA, in an 26 U.S.C. §§ 530(b)(1), 529A(b), and § | | , or under a qualified state tuition prog | ram. |
| | | and description. Separately file the reco | ords of any interests.11 U.S.C. § 521(c): | |
| 25. | . Trusts, equitable or future interests | in property (other than anything liste | ed in line 1), and rights or powers exerc | cisable for your benefit |
| | ☐ Yes. Give specific information about | ut them | | |
| 26. | | ade secrets, and other intellectual probbsites, proceeds from royalties and licer | | |
| | ☐ Yes. Give specific information abo | ut them | | |
| 27. | Licenses, franchises, and other ger Examples: Building permits, exclusive No | | ngs, liquor licenses, professional licenses | |
| | ☐ Yes. Give specific information abo | ut them | | |
| M | oney or property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | . Tax refunds owed to you | | | |
| | No | | | |
| | ☐ Yes. Give specific information about | them, including whether you already filed | d the returns and the tax years | |
| 29. | . Family support | | | - |
| | | nony, spousal support, child support, m | naintenance, divorce settlement, property | settlement |
| | ■ No | | | |
| | ☐ Yes. Give specific information | | | |

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

■ No

☐ Yes. Give specific information..

Case 19-17614 Doc 1 Filed 06/04/19 Page 14 of 45 Debtor 1 Goode, Bradley D. Case number (if known) 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: **Term Life Insurance Policy** \$0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for \$774.10 Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7:

Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

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| Debtor 1 Goode, Bradley D. | | | Case number (if known) | |
|---|---------------------|------------|------------------------------|--------------|
| Part 8: List the Totals of Each Part of this Form | 1 | | | |
| 55. Part 1: Total real estate, line 2 | | | | \$200,000.00 |
| 56. Part 2: Total vehicles, line 5 | | \$1,100.00 | | |
| 57. Part 3: Total personal and household item | ns, line 15 | \$2,275.00 | | |
| 58. Part 4: Total financial assets, line 36 | | \$774.10 | | |
| 59. Part 5: Total business-related property, li | ne 45 | \$0.00 | | |
| 60. Part 6: Total farm- and fishing-related pro | perty, line 52 | \$0.00 | | |
| 61. Part 7: Total other property not listed, line | e 54 + | \$0.00 | | |
| 62. Total personal property. Add lines 56 thro | ugh 61 | \$4,149.10 | Copy personal property total | \$4,149.10 |
| 63. Total of all property on Schedule A/B. Ad | d line 55 + line 62 | | | \$204,149.10 |

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| | Fill in thi | s information to identify your | . case. | | | |
|---|---|--|--|-----------------------------|---|---|
| D | ebtor 1 | | case. | | | |
| | epioi i | Bradley D. Goode First Name | Middle Name | L | ast Name | |
| | ebtor 2 pouse if, filing) | First Name | Middle Name | L | ast Name | |
| Ur | nited States Bar | nkruptcy Court for the: DIS | TRICT OF MARYLAND, | BALT | IMORE DIVISION | |
| C | ase number | | | | | |
| | known) | | | | | Check if this is an amended filing |
| O | fficial Fo | rm 106C | | | | |
| | | e C: The Prope | rty You Cla | im | as Exempt | 4/19 |
| pro out kno For spe app fur to | perty you listed and attach to thown). reach item of pecific dollar am plicable statuto ds—may be u | on Schedule A/B: Property (Official page as many copies of Participant property you claim as exemptionant as exempt. Alternativel pry limit. Some exemptions—nlimited in dollar amount. Hollar amount and the value of | ficial Form 106A/B) as young to a second t | amou all fair exemple | arce, list the property that you claim a ary. On the top of any additional page unt of the exemption you claim. O market value of the property being s, rights to receive certain benefit | ng exempted up to the amount of any is, and tax-exempt retirement under a law that limits the exemption |
| | · | y the Property You Claim as | Exempt | | | |
| 1. | _ | exemptions are you claiming | | if you | r spouse is filing with you. | |
| | ■ You are cla | aiming state and federal nonban | kruptcy exemptions. 11 | U.S.C | s. § 522(b)(3) | |
| | ☐ You are cla | niming federal exemptions. 11 l | J.S.C. § 522(b)(2) | | | |
| 2. | For any prop | erty you list on Schedule A/E | ∃ that you claim as exe | mpt, f | ill in the information below. | |
| | | on of the property and line on that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | Scriedule A/B | mat lists this property | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | | rolet Malibu 160000 | \$1,100.00 | | \$1,100.00 | Md. Code Ann., Cts. & Jud. |
| | Line from Sch | edule A/B. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | Proc. § 11-504(f)(1)(i)(1) |
| | All kitchen dishes and | utensils, pots, pans, | \$75.00 | | \$75.00 | Md. Code Ann., Cts. & Jud. |
| | | glassware nedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | Proc. § 11-504(b)(4) |
| | | appliances including dgerator, dishwasher, | \$500.00 | | \$500.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4) |
| | microwave | , washer/dryer nedule A/B. 6.2 | | | 100% of fair market value, up to any applicable statutory limit | 1100. 3 11-304(b)(4) |
| | | old furnishings including | \$800.00 | | \$425.00 | Md. Code Ann., Cts. & Jud. |
| | and kitcher | n, dining room, bedroom n furniture nedule A/B. 6.3 | · · · · · · · · · · · · · · · · · · · | | 100% of fair market value, up to any applicable statutory limit | Proc. § 11-504(b)(4) |
| | | old furnishings including | \$800.00 | | \$375.00 | Md. Code Ann., Cts. & Jud. |
| | living room and kitcher | n, dining room, bedroom n furniture | | | 100% of fair market value, up to | Proc. § 11-504(f)(1)(i)(1) |

Official Form 106C

100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B. 6.3

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| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|----|---|--------------------------------------|------|---|--|
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | All TV's and other electronic devices Line from Schedule A/B 7.1 | \$500.00 | | \$500.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1) |
| | Elle Holl Goreage A/2 1.1 | | | 100% of fair market value, up to any applicable statutory limit | 1100. 3 11 00-(1)(1)(1)(1) |
| | All articles of clothing including shoes and outerwear | \$300.00 | | \$300.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1) |
| | Line from Schedule A/B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | 1100.311 00-(1)(1)(1)(1) |
| | All jewelry including rings, watches, bracelets, necklaces and earrings | \$100.00 | | \$100.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1) |
| | Line from Schedule A/B. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | 1100.311 00-(1)(1)(1)(1) |
| | Security Plus FCU; balance as of 06/03/19 | \$774.10 | | \$774.10 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1) |
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption or (Subject to adjustment on 4/01/22 and every 3 y | | | on or after the date of adjustment.) | |
| | Yes. Did you acquire the property covered No | by the exemption within | 1,21 | 5 days before you filed this case? | |
| | ☐ Yes | | | | |

| | Case | 9 19-17614 DOC 1 Filed 06/0 | 4/19 Page 16 | UI 45 | |
|--------------------------------------|-----------------------|---|--|--|----------------------|
| Fill in this inf | ormation to ident | ify your case: | | | |
| Debtor 1 F | Bradley D. Good | le . | | | |
| | irst Name | Middle Name Last Name | |) | |
| Debtor 2 (Spouse if, filing) | irst Name | Middle Name Last Name | | | |
| United States Bankru | ptcy Court for the: | DISTRICT OF MARYLAND, BALTIMORE D | IVISION | | |
| | | | |) | |
| Case number | | | | ☐ Check | if this is an |
| | | | | _ | ded filing |
| Official Form 1 | 06D | | | | |
| | | Who Have Claims Secure | d hy Property | N/ | 12/15 |
| Scriedule D. | Creditors | Who have claims secure | d by Fropert | у | 12/15 |
| | | two married people are filing together, both are ec number the entries, and attach it to this form. On | | | |
| 1. Do any creditors have | claims secured by | your property? | | | |
| ☐ No. Check this | box and submit thi | s form to the court with your other schedules. You | ı have nothing else to rep | port on this form. | |
| Yes. Fill in all o | f the information be | elow. | | | |
| Part 1: List All Se | cured Claims | | | | |
| | | ore than one secured claim, list the creditor separately | , Column A | Column B | Column C |
| for each claim. If more the | han one creditor has | a particular claim, list the other creditors in Part 2. As all order according to the creditor 's name. | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| 2.1 Ditech | | Describe the property that secures the claim: | value of collateral. \$200,000.00 | s200,000.00 | If any \$0.00 |
| Creditor's Name | | 1327 Nautical Cir, Essex, MD 21221-6082 | | | · |
| PO Box 6172 | | As of the date you file, the claim is: Check all that | | | |
| Rapid City, S 57709-6172 | D | apply. | | | |
| | State 8 7in Code | Contingent | | | |
| Number, Street, City, | State & Zip Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? | Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ☐ An agreement you made (such as mortgage or se | cured | | |
| Debtor 2 only | | car loan) | | | |
| Debtor 1 and Debtor | 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the de | ebtors and another | ☐ Judgment lien from a lawsuit | | | |
| Check if this claim recommunity debt | relates to a | Other (including a right to offset) | | | |
| Date debt was incurred | · | Last 4 digits of account number | | | |
| Add the dollar value of | your entries in Colu | ımn A on this page. Write that number here: | \$200,000 | .00 | |
| If this is the last page of | of your form, add the | e dollar value totals from all pages. | \$200,000 | | |
| Write that number here | : | | Ψ200,000 | | |
| Part 2: List Others | to Be Notified for | a Debt That You Already Listed | | | |
| 11 | 4 4 | | alasada listad in Bast 4 | | |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | Case | 13-17014 | DOC 1 | i ileu oo/o | His rage is | 9 01 43 | |
|---|---|---|---|--|--|--|---|--|
| Fill | in this info | rmation to identify you | r case: | | | | | |
| Debto | r 1 | Bradley D. Goode | <u> </u> | | | | | |
| | | First Name | Middle N | ame | Last Name | | - } | |
| Debto (Spouse | r 2 e if, filing) | First Name | Middle N | ame | Last Name | | _ | |
| United | d States Ban | kruptcy Court for the: | DISTRICT O | OF MARYLAND, E | BALTIMORE D | IVISION | _ | |
| Case i | number | | | _ | | | _ | Check if this is an imended filing |
| | | 106E/F /F: Creditors W | ho Have | Unsecured | d Claims | | | 12/15 |
| any exe Schedu D: Cred the Con | ecutory controlle G: Executor litors Who Hantinuation Pagamber (if known | ave Claims Secured by Pr ge to this page. If you hav | that could resu red Leases (Of operty. If more re no information | ilt in a claim. Also ficial Form 106G). I space is needed, c on to report in a Pa | list executory c Do not include a copy the Part yo | ontracts on Schedule A any creditors with partia u need, fill it out, numb | /B: Property (Officia ally secured claims er the entries in the | al Form 106A/B) and on that are listed in Schedule boxes on the left. Attach |
| | | s have priority unsecured | | | | | | |
| | No. Go to Pa | urt 2. | Ū | • | | | | |
| | Yes. | | | | | | | |
| Part 2 | | of Your NONPRIORITY | / Unsecured | Claims | | | | |
| | | s have nonpriority unsec | | | | | | |
| _ | | e nothing to report in this pa | _ | • | n your other sche | dules. | | |
| | Yes. | | | | | | | |
| un | secured claim | nonpriority unsecured cla , list the creditor separately r holds a particular claim, li | for each claim. | For each claim liste | d, identify what t | pe of claim it is. Do not I | ist claims already incl | luded in Part 1. If more |
| | | | | | | | | Total claim |
| 4.1 | | One Bank USA N Creditor's Name | | Last 4 digits of ac | count number | 7742 | | \$304.00 |
| | rionphonty | Orealtor 3 Name | | When was the del | ot incurred? | 2018-01 | | |
| | Richmo | apital One Dr nd, VA 23238-1119 reet City State Zip Code | | As of the date you | ı file. the claim i | s: Check all that apply | | - |
| | Who incur | red the debt? Check one. | | 710 or the date yet | a mo, mo orami | o. Oncok all that apply | | |
| | ■ Debtor ′ | 1 only | | ☐ Contingent | | | | |
| | Debtor 2 | 2 only | | ☐ Unliquidated | | | | |
| | ☐ Debtor ′ | 1 and Debtor 2 only | | ☐ Disputed | | | | |
| | ☐ At least | one of the debtors and and | ther | Type of NONPRIO | RITY unsecure | d claim: | | |
| | | f this claim is for a comm | nunity | ☐ Student loans | | | | |
| | debt Is the clain | n subject to offset? | | Obligations aris | | ration agreement or divo | rce that you did not | |
| | ■ No | | | Debts to pension | on or profit-sharin | g plans, and other simila | r debts | |
| | ☐ Yes | | | Other. Specify | Revolving | account | | _ |

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| Debto | Goode, Bradley D. | Case number (f known) | | | | |
|-------|---|--|--|----------|--|--|
| 4.2 | Cb Indigo/gf Nonpriority Creditor's Name | Last 4 digits of account number | 8710 | \$339.00 | | |
| | Nonpholity Creditor's Name | When was the debt incurred? | 2018-03 | | | |
| | PO Box 4499 | | | | | |
| | Beaverton, OR 97076-4499 Number Street City State Zip Code | As of the date you file, the claim | s. Check all that apply | | | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | S. Oncok all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | Obligations arising out of a sepa | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | No | Debts to pension or profit-sharing | | | | |
| | Yes | ■ Other. Specify Revolving | account | | | |
| 4.3 | Eos Cca | Last 4 digits of account number | 2354 | \$861.00 | | |
| | Nonpriority Creditor's Name | When was the debt incurred? | 2048 02 | | | |
| | PO Box 981008 | when was the debt incurred? | 2018-03 | | | |
| | Boston, MA 02298-1008 | | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharin | | | | |
| | Yes | Other. Specify Open acco | unt | | | |
| 4.4 | First Premier Bank | Last 4 digits of account number | 3262 | \$407.00 | | |
| | Nonpriority Creditor's Name | When was the debt incurred? | 2018-10 | | | |
| | 3820 N Louise Ave | | 2010 10 | | | |
| | Sioux Falls, SD 57107-0145 | _ | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | _ | | | | |
| | Debtor 1 only | Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | | | | | | |
| | Yes | Other. Specify Revolving | account | | | |

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| Receivable Management | Last 4 digits of account number | 4632 | \$ |
|--|--|---|----|
| Nonpriority Creditor's Name | | | |
| DO D 47005 | When was the debt incurred? | 2015-05 | |
| PO Box 17305 | | | |
| Richmond, VA 23226-7305 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | , | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sep report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-shar | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Open acc | ount | |
| | · · · · · | | |

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------------------|-----|---|-----|----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims from Part 2 | 0 | Obligations original out of a consention amount on discount that | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 2,297.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 2,297.00 |

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| Fill in th | is information to identif | y your case: | | | |
|-----------------------------|---------------------------|--------------------|------------------------|-----|------------------|
| Debtor 1 | Bradley D. Goode | 9 | | | |
| | First Name | Middle Name | Last Name |) | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | nkruptcy Court for the: | DISTRICT OF MARYLA | ND, BALTIMORE DIVISION | | |
| Case number _ (if known) | | | | . – | ck if this is an |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person o | r company with Name, Number | whom you have the , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for | | | | |
|-----|----------|--------------------------------|--|---------------------|---|--|--|--|--|
| 2.1 | | | . , ,, | | | | | | |
| | Name | | | | | | | | |
| | Number | Street | | | | | | | |
| | City | | State | ZIP Code | | | | | |
| 2.2 | | | | | <u></u> | | | | |
| | Name | | | | | | | | |
| | Number | Street | | | | | | | |
| | City | | State | ZIP Code | <u> </u> | | | | |
| 2.3 | Oity | | Otate | Zii Code | | | | | |
| 2.0 | Name | | | | | | | | |
| | Number | Street | | | | | | | |
| | City | | State | ZIP Code | | | | | |
| 2.4 | Oity | | Olalo | 211 0000 | | | | | |
| | Name | | | | _ | | | | |
| | Number | Street | | | <u> </u> | | | | |
| | City | | 04-4- | 710.0-1- | <u> </u> | | | | |
| 2.5 | City | | State | ZIP Code | | | | | |
| 2.0 | Name | | | | | | | | |
| | Number | Street | | | <u> </u> | | | | |
| | City | | State | ZIP Code | <u> </u> | | | | |

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| Fill | in this information to identi | fy your case: | | | |
|---------------------------------|---|--|-----------------------------|--|--|
| Debtor 1 | | | | | |
| Debior 1 | Bradley D. Good First Name | Middle Name | Last Name | | |
| Debtor 2 | First Name | Middle News | LastNassa | | |
| (Spouse if, filing) |) First Name | Middle Name | Last Name | | |
| United State | s Bankruptcy Court for the: | DISTRICT OF MARYLA | ND, BALTIMORE DIVIS | SION | |
| Case numbe | er | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official | Form 106H | | | | |
| Schedu | ıle H: Your Cod | ebtors | | | 12/15 |
| | | | | | |
| and number case number | | the left. Attach the Additi question. | onal Page to this page | . On the top of any Ad | opy the Additional Page, fill it out, ditional Pages, write your name and |
| 1. DO y | ou have any codebiors: (iii | you are ming a joint case, ut | Thou has citated apodase as | a couchion. | |
| ■ No □ Yes | | | | | |
| | n the last 8 years, have you ia, Idaho, Louisiana, Nevada | | | | states and territories include Arizona, |
| | Go to line 3. Did your spouse, former spou | se or legal equivalent live w | ith you at the time? | | |
| □ 163.1 | Dia your spouse, former spou | se, or legal equivalent live w | itir you at the time: | | |
| line 2 aç 106D), S Column | gain as a codebtor only if the Schedule E/F (Official Form 2. | at person is a guarantor | or cosigner. Make sure | e you have listed the c se Schedule D, Schedu | with you. List the person shown in reditor on Schedule D (Official Forn lle E/F, or Schedule G to fill out |
| | olumn 1: Your codebtor me, Number, Street, City, State and 2 | IP Code | | Column 2: The cre Check all schedul | editor to whom you owe the debt es that apply: |
| 3.1 | | | | ☐ Schedule D. lir | ne |
| | ame | | | _ □ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | ne |
| Nu Ci | umber Street ty | State | ZIP Code | _ | |
| | | | | Польты В г | |
| 3.2 | ame | | | _ ☐ Schedule D, lir ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | |
| Ni | umber Street | | | - | |
| Ci | | State | ZIP Code | | |

| Fill | in this information to identify your case | se: | | | | | | | | |
|--------------------|--|---|---|------------------|----------------|---|------------------|------------------|-----------------------------|--------------|
| Del | otor 1 Bradley D. G | oode | | | _ | | | | | |
| | otor 2 puse, if filing) | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the: | DISTRICT OF MARYL | AND, BALTIMORE DIV | ISION | _ | | | | | |
| | se number nown) | | | | | Check if this is: An amended A suppleme | nt sh | owing p | • | chapter 13 |
| O. | fficial Form 106I | | | | | income as o | | _ | ng date: | |
| | chedule I: Your Inco | me | | | | MM / DD/ Y | YYY | | | 12/15 |
| sup spo atta | as complete and accurate as possile plying correct information. If you a use. If you are separated and your ch a separate sheet to this form. On the complex of the complex | re married and not filing spouse is not filing with | g jointly, and your spo n you, do not include i | use is nforma | livir atior | ng with you, includ about your spous | le inf se. If | ormati more s | on about yo space is nee | our eded, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or n | on-filir | ng spouse | |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | ■ Employed□ Not employed | | | ☐ Emplo | • | ved | | |
| | | Occupation | □ Not employed | | | | | , GQ | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Social Securitiy Administration | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed th | ere? | | | | | | | |
| Par | Give Details About Mont | hly Income | | | | | | | | |
| | mate monthly income as of the dat ss you are separated. | e you file this form. If yo | ou have nothing to report | for any | y line | e, write \$0 in the spa | ice. Ir | nclude y | your non-filin | ig spouse |
| | u or your non-filing spouse have more ce, attach a separate sheet to this form | | ine the information for a | ll emplo | oyers | for that person on t | the lir | nes belo | ow. If you ne | ed more |
| | | | | | | For Debtor 1 | | | or 2 or g spouse | |
| 2. | List monthly gross wages, salary deductions). If not paid monthly, ca | | | 2. | \$ | 5,374.83 | \$_ | | N/A | |
| 3. | Estimate and list monthly overting | ne pay. | | 3. | +\$ | 0.00 | +\$ | | N/A | |
| 4. | Calculate gross Income. Add line | 2 + line 3. | | 4. | \$ | 5,374.83 | | \$ | N/A | |

Official Form 106l Schedule I: Your Income page 1

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| Deb | tor 1 | Goode, Bradley D. | _ | Case | e number (if known) | | | |
|-----|-----------------------|---|------------|----------|---------------------|-----------|-----------------|----------|
| | Cop | by line 4 here | 4. | Fo \$ | r Debtor 1 5,374.83 | For Debto | | |
| 5. | l ief | all payroll deductions: | | _ | • | | | |
| J. | 5a. | Tax, Medicare, and Social Security deductions | 50 | \$ | E90.26 | ¢ | NI/A | |
| | 5a. 5b. | Mandatory contributions for retirement plans | 5a. 5b. | \$- | 589.36 154.59 | \$ | N/A N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$- | 0.00 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$- | 0.00 | \$ | N/A | |
| | 5e. | Insurance | 5e. | \$- | 1,010.36 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$- | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | \$- | 69.29 | \$ | N/A | |
| | 5h. | Other deductions. Specify: | 5h.+ | \$ | 0.00 | + \$ | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | — 6. | \$ | 1,823.60 | \$ | N/A | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 3,551.23 | \$ | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | N/A | |
| | 8e. | Social Security | 8e. | \$_ | 0.00 | \$ | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | N/A | |
| | 8g. | Pension or retirement income | — 8g. | \$ | 0.00 | \$ | N/A | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$ | 0.00 | + \$ | N/A | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N/A | |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. \$ | | 3,551.23 + \$ | N/A | A = \$ | 3,551.23 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | L | | | | | |
| 11. | Incli othe Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your dear friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not available. | ependen | | · | | . + \$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | | 3,551.23 |
| | | | | | | | Combine monthly | |
| 13. | Do : | you expect an increase or decrease within the year after you file this form' No. | ? | | | | · | |
| | | Yes. Explain: | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this informat | tion to identify you | ır case: | | | l | | |
|------------|---|---|------------------------|--|----------------------|--------------|-----------------------------------|--|
| Deb | tor 1 | Bradley D. Go | oode | | | Che | eck if this is: An amended filing | |
| | tor 2 ouse, if filing) | | | | | | ŭ | ving postpetition chapter 13 following date: |
| | | uptcy Court for the: | DISTRI | CT OF MARYLAND, BALT | IMORE | | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| | | rm 106J | | | | J | | |
| | | J: Your E | | | | | | 12/1: |
| info | ormation. If me known). Answ | ore space is need er every question ibe Your Househ | ded, attac n. | If two married people are the shart of this for the shart of the shart | | | | supplying correct ur name and case numbe |
| ١. | No. Go to | | | | | | | |
| | | s Debtor 2 live in | a separa | te household? | | | | |
| | □ No | ~ | file Officia | al Form 106J-2, <i>Expenses</i> a | for Separate Househ | noldof Debto | or 2. | |
| 2. | Do you have | e dependents? | □No | | | | | |
| | Do not list De Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | son | | 4 | □ No ■ Yes |
| | dependents | names. | | | | | | ■ res |
| | | | | | | | | Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | | | _ | □ No |
| _ | _ | | | | | | | ☐ Yes |
| 3. | expenses of | enses include people other that your dependen | an 🗆 | No Yes | | | | |
| exp app | imate your ex enses as of a licable date. | date after the ba | ır bankru ınkruptcy | ptcy filing date unless yo is filed. If this is a suppl | emental Schedule J | | | |
| valu | | sistance and hav | | overnment assistance if d it on Schedule I: Your I | | | Your exp | enses |
| 4. | | r home ownersh d any rent for the ç | | ses for your residence. In lot. | clude first mortgage | 4. | \$ | 2,200.00 |
| | If not includ | ed in line 4: | | | | | | |
| | 4a. Real e | state taxes | | | | 4a. | \$ | 0.00 |
| | | rty, homeowner's, | or renter's | insurance | | 4b. | · | 0.00 |
| | | maintenance, rep | | | | 4c. | · | 100.00 |
| 5. | | owner's associatio | | ominium dues ur residence, such as hon | ne equity loans | 4d. 5. | | 0.00 |
| ٥. | . wantonal II | vgugo puyinici | , 0 | | squity isuns | ٥. | ₩ | 0.00 |

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| | Utilities: | | | |
|---|---|--------------|---------------------------------------|--------------------------|
| | | | | |
| | 6a. Electricity, heat, natural gas | 6a. | \$ | 300.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | 0.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 200.00 |
| | 6d. Other. Specify: cell phone | 6d. | \$ | 200.00 |
| | Food and housekeeping supplies | | · · · · · · · · · · · · · · · · · · · | 400.00 |
| | Childcare and children's education costs | 8. | · <u> </u> | 334.00 |
| | Clothing, laundry, and dry cleaning | | \$ | 150.00 |
| | Personal care products and services | 10. | · | |
| | Medical and dental expenses | 11. | · | 75.00 |
| | | 11. | Ψ | 100.00 |
| | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ | 0.00 |
| | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | · | 150.00 |
| | Charitable contributions and religious donations | 14. | | 0.00 |
| | Insurance. | 1-7. | — | 0.00 |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | | 0.00 |
| | 15c. Vehicle insurance | 15c. | · | 216.00 |
| | 15d. Other insurance. Specify: | 15d. | · | 0.00 |
| | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | Ť | 0.00 |
| | Specify: | 16. | \$ | 0.00 |
| | Installment or lease payments: 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | • • | 17b. | · | |
| | 17c. Other Specify: | | · | 0.00 |
| | 17d. Other. Specify: | 17d. | Φ | 0.00 |
| | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| | Other payments you make to support others who do not live with you. | | \$ | 0.00 |
| | Specify: | 19. | · - | 0.00 |
| | Other real property expenses not included in lines 4 or 5 of this form or on Schedu | | | |
| | 20a. Mortgages on other property | 20a. | | 0.00 |
| | 20b. Real estate taxes | 20b. | · | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20d. 20e. | · | 0.00 |
| | Other: Specify: | | φ +\$ | |
| • | Other. Opeony. | | τ φ | 0.00 |
| | Calculate your monthly expenses | | | |
| | 22a. Add lines 4 through 21. | | \$ | 4,425.00 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 4,425.00 |
| | | | | 1,720100 |
| | Calculate your monthly net income. | | _ | |
| | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | · | 3,551.23 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 4,425.00 |
| | | | | |
| | 23c. Subtract your monthly expenses from your monthly income. | 00- | • | -873.77 |
| | The result is your monthly net income. | 23c. | \$ | -013.11 |
| | Do you expect an increase or decrease in your expenses within the year after you for example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage? No. | | | e or decrease because of |
| | ☐ Yes. Explain here: | | | |

| Fill in Abin in | .f | | | |
|---------------------------------------|---|---|---|---|
| | formation to identify y | | | |
| Debtor 1 | Bradley D. Good First Name | Middle Name | Last Name | <u> </u> |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | _ |
| United States Ba | ankruptcy Court for the: | DISTRICT OF MARYLA | ND, BALTIMORE DIVISION | _ |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| f two married pe ou must file this | eople are filing together s form whenever you fi | , both are equally respon le bankruptcy schedules n connection with a bankr | Debtor's Schedule sible for supplying correct information or amended schedules. Making a false ruptcy case can result in fines up to \$25 | statement, concealing property, or |
| Sign | n Below | | | |
| Did you pa | y or agree to pay some | one who is NOT an attorr | ey to help you fill out bankruptcy form | is? |
| ■ No | | | | |
| ☐ Yes. N | Name of person | | | ch Bankruptcy Petition Preparer's Notice, aration, and Signature (Official Form 119) |
| | Ity of perjury, I declare e true and correct. | that I have read the sumr | nary and schedules filed with this decla | aration and |
| X /s/ Rra | dley D. Goode | | x | |
| | y D. Goode | | | |
| | , | | Signature of Debtor 2 | |
| Signatui | re of Debtor 1 | | Signature of Debtor 2 | |

| | Fill in this | information to identi | fy your case: | | | | | | | | | |
|--------------------|---|--|--|---|---|---|--|--|--|--|--|--|
| Del | otor 1 | Bradley D. Good | | | | | | | | | | |
| | | First Name | Middle Name | Last Name | | | | | | | | |
| | otor 2 ouse if, filing) | First Name | Middle Name | Last Name | | | | | | | | |
| Uni | ted States Bar | nkruptcy Court for the: | DISTRICT OF MARYLAN | ID, BALTIMORE DIVISION | | | | | | | | |
| | se number | | | | - | Check if this is an | | | | | | |
| | | | | | | mended filing | | | | | | |
| | ficial For atement | | Affairs for Individ | duals Filing for B | ankruptcy | 4/19 | | | | | | |
| info | rmation. If monown). Answe | ore space is needed, are every question. | attach a separate sheet to the | nis form. On the top of any | qually responsible for supply additional pages, write your | | | | | | | |
| Par 1. | | etails About Your Ma current marital statu | rital Status and Where You | Lived Before | | | | | | | | |
| • | ☐ Married | | 3. | | | | | | | | | |
| | ■ Not mar | ried | | | | | | | | | | |
| 2. | During the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | | | | |
| | ■ No □ Yes. List | all of the places you liv | ed in the last 3 years. Do not | nclude where you live now. | | | | | | | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 there | lived Debtor 2 Prior Ac | Idress: | Dates Debtor 2 lived there | | | | | | |
| 3. state | | | | | ty property state or territory? | | | | | | | |
| | ■ No | | | | | | | | | | | |
| | Yes. Mal | ke sure you fill out <i>Sch</i> e | edule H: Your Codebtors (Offi | cial Form 106H). | | | | | | | | |
| Par | t 2 Explain | n the Sources of You | r Income | | | | | | | | | |
| 4. | Fill in the tota | I amount of income you | nployment or from operating u received from all jobs and a lave income that you receive to | II businesses, including part- | | lar years? | | | | | | |
| | □ No | | | | | | | | | | | |
| | Yes. Fill | in the details. | | | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | | | |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$23,262.00 | ☐ Wages, commissions, bonuses, tips | | | | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | | | | |

Official Form 107

| De | btor 1 Go | ode, Bra | dley D. | | | Cas | e number (if known) | | | |
|----|----------------------------------|--------------------------------|---|--|---|--------------------------------|--|-------------------------|---|--|
| | | | | | | | | | | |
| | | | | Debtor 1 | | | Debtor 2 | | | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions exclusions) | and | Sources of ince Check all that a | | Gross income (before deductions and exclusions) | |
| | r last calen inuary 1 to | dar year: December | 31, 2018) | ■ Wages, commissions, bonuses, tips | \$45,48 | 38.00 | ☐ Wages, commissions, bonuses, tips | | | |
| | | | | ☐ Operating a business | | | ☐ Operating a | business | | |
| 5. | Include income other public | come regard c benefit pa | less of wheth yments; pens | ne during this year or the two ner that income is taxable. Exar sions; rental income; interest; d ave income that you received to | nples of <i>other income</i> a ividends; money collect | are alimeted from | lawsuits; royalties; | | | |
| | List each s | source and t | he gross inc | ome from each source separate | ely. Do not include inco | me that | you listed in line 4. | | | |
| | ■ No □ Yes. | Fill in the de | etails. | | | | | | | |
| | | | | Debtor 1 | | | Debtor 2 | | | |
| | | | | Sources of income Describe below. | Gross income fro each source (before deductions exclusions) | | Sources of inco Describe below. | ome | Gross income (before deductions and exclusions) | |
| Pa | rt 3: List | Certain Pa | yments Yo | u Made Before You Filed for | Bankruptcy | | | | | |
| 6. | Are either ☐ No. | Neither De individual p | ebtor 1 nor primarily for a 90 days bef | P's debts primarily consumer Debtor 2 has primarily consument a personal, family, or household ore you filed for bankruptcy, dic | imer debts. Consume purpose." | | | .S.C. § 10 | 11(8) as "incurred by an | |
| | | ☐ No. | Go to line | | total of ¢6 925* or m | oro in c | one or more navmer | ate and the | a total amount you paid that | |
| | | | creditor. Descripation of the contract of the | each creditor to whom you paid to not include payments for do to an attorney for this bankrupt ton 4/01/22 and every 3 years | mestic support obligation case. | ions, su | ch as child suppor | t and alim | | |
| | ■ Yes. | | | or both have primarily consumore you filed for bankruptcy, did | | total of | \$600 or more? | | | |
| | | ■ No. | Go to line | 7. | | | | | | |
| | | ☐ Yes | payments | each creditor to whom you paid for domestic support obligation uptcy case. | | | | | | |
| | Creditor' | s Name and | d Address | Dates of payme | | ount oaid | Amount you still owe | Was thi | is payment for | |
| 7. | Insiders in which you business y | clude your ra are an office | elatives; any er, director, p | r bankruptcy, did you make general partners; relatives of ar erson in control, or owner of 20 prietor. 11 U.S.C. § 101. Includ | a payment on a debt ny general partners; par % or more of their votir | you ow rtnership ng secu | red anyone who wo os of which you are rities; and any mana | a general aging ager | partner; corporations of nt, including one for a | |
| | ■ No □ Yes. | List all paym | nents to an in | sider. | | | | | | |
| | Insider's | Name and | Address | Dates of payme | | ount oaid | Amount you still owe | Reason | for this payment | |
| 8. | Within 1 v | ear before | you filed fo | r bankruptcy, did you make | | | | ount of a | debt that benefited an | |

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| Del | ebtor 1 Goode, Bradley D. | | Cas | e number (if known) | | | | | | | |
|-----|--|--------------------------------|------------------------|----------------------|-------------------------------|-----------------------------|--|--|--|--|--|
| | | | | | | | | | | | |
| | insider? Include payments on debts guaranteed or c | osigned by an insider. | | | | | | | | | |
| | ■ No□ Yes. List all payments to an insider | | | | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the Include credit | this payment itor's name | | | | | |
| Pa | rt 4: Identify Legal Actions, Repossess | sions, and Foreclosures | | | | | | | | | |
| 9. | Within 1 year before you filed for bankru List all such matters, including personal inju and contract disputes. | | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the case | | | | | | |
| 10. | Within 1 year before you filed for bankru Check all that apply and fill in the details b | | rty repossessed, fo | reclosed, garnishe | ed, attached, s | seized, or levied? | | | | | |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property | | | | | |
| | | Explain what happened | I | | | property | | | | | |
| | Within 90 days before you filed for bank accounts or refuse to make a payment to No Yes. Fill in the details. | | uding a bank or fina | ncial institution, s | et off any am | ounts from your | | | | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date a | action was | Amoun | | | | | |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? | | | | | | | | | | |
| | ■ No □ Yes | | | | | | | | | | |
| Pa | rt 5: List Certain Gifts and Contribution | ns | | | | | | | | | |
| 13. | Within 2 years before you filed for bank | ruptcy, did you give any gifts | s with a total value o | f more than \$600 | per person? | | | | | | |
| | Yes. Fill in the details for each gift. Gifts with a total value of more than \$6 person | 00 per Describe the gifts | | Dates the git | you gave fts | Value | | | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | | | | |
| 14. | ■ No | | or contributions w | ith a total value of | more than \$6 | 00 to any charity? | | | | | |
| | Yes. Fill in the details for each gift or c Gifts or contributions to charities that | | ı contributed | Dates | vou | Value | | | | | |
| | more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co | · · | | contri | | value | | | | | |
| Pa | rt 6: List Certain Losses | | | | | | | | | | |

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

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| Del | Goode, Bradley D. | | | case number | (if known) | |
|-----|--|--------------------------|---|-----------------------------------|--------------------------|------------------------|
| | or gambling? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | how the loss occurred | Include | be any insurance coverage for the lose the amount that insurance has paid. Lince claims on line 33 of Schedule A/B: P | Date of your loss | Value of property lost | |
| Pai | rt 7: List Certain Payments or Transfers | inourui | iod dialing on line od diodriodale 702. T | торопу. | | |
| 16. | Within 1 year before you filed for bankrupt consulted about seeking bankruptcy or pro- | eparin | g a bankruptcy petition? | | | y to anyone you |
| | □ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | u | Description and value of any prope transferred | Date payment or transfer was made | Amount of payment | |
| | James R. Logan P.A. 2419 Maryland Avenue Baltimore, MD 21218 | | 0.00 | | | \$1,500.00 |
| 17. | Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that yo No Yes. Fill in the details. | tors or | to make payments to your creditors? | | transfer any propert | y to anyone who |
| | Person Who Was Paid Address | | Description and value of any prope transferred | Date payment or transfer was made | Amount of payment | |
| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your Include both outright transfers and transfers m gifts and transfers that you have already listed No Yes. Fill in the details. | busine nade as | ess or financial affairs? security (such as the granting of a secu | | erty to anyone, other | |
| | Person Who Received Transfer | | Description and value of | Describe | any property or | Date transfer was |
| | Address | | property transferred | payments paid in ex | received or debts change | made |
| | Person's relationship to you | | | | | |
| 19. | Within 10 years before you filed for bankru beneficiary? (These are often called asset-pri ■ No □ Yes. Fill in the details. | | | lf-settled tru | st or similar device of | f which you are a |
| | Name of trust | | Description and value of the proper | rty transferre | ed | Date Transfer was made |
| | | | | | | maue |

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| Del | otor 1 | Goode, Bradley D. | | | Case num | ber (if known) | | | | | | | |
|------|--|---|--|---------------------|---|--------------------------|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
| Pai | t 8: | List of Certain Financial Accounts, Instr | uments, Safe Deposit I | Boxes, and Stora | age Units | | | | | | | | |
| 20. | sold, Includ house | n 1 year before you filed for bankruptcy, moved, or transferred? de checking, savings, money market, or es, pension funds, cooperatives, associa | other financial account | s; certificates of | | | | | | | | | |
| | _ | No Yes. Fill in the details. | | | | | | | | | | | |
| | | | Last 4 digits of Type of accou account number instrument | | unt or Date account was closed, sold, moved, or transferred | | Last balance before closing or transfer | | | | | | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | | | | | | |
| | _ | No | | | | | | | | | | | |
| | | es. Fill in the details. | | | | | | | | | | | |
| | | e of Financial Institution (ess (Number, Street, City, State and ZIP Code) | Who else had according Address (Number, Stand ZIP Code) | | Describe t | the contents | Do you still have it? | | | | | | |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No | | | | | | | | | | | | |
| | _ | งo ⁄es. Fill in the details. | | | | | | | | | | | |
| | Name | e of Storage Facility ess (Number, Street, City, State and ZIP Code) | to it? Address (Number, St | | | the contents | Do you still have it? | | | | | | |
| Da | t 9: | Identify Property You Hold or Control fo | | | | | | | | | | | |
| 23. | Do yo | u hold or control any property that som | | de any property y | you borro | wed from, are storing fo | or, or hold in trust for | | | | | | |
| | Own | er's Name ess (Number, Street, City, State and ZIP Code) | Where is the prop | | Describe (| the property | Value | | | | | | |
| | - 40 | | Code) | | | | | | | | | | |
| | | Give Details About Environmental Infor | | | | | | | | | | | |
| . 01 | ine pu | rpose of Fart 10, the following definition | з арріу. | | | | | | | | | | |
| | toxic | onmental law means any federal, state, o substances, wastes, or material into the olling the cleanup of these substances, v | air, land, soil, surface | | | | | | | | | | |
| | | neans any location, facility, or property a operate, or utilize it, including disposal s | - | nvironmental law | , whether | you now own, operate, | or utilize it or used to | | | | | | |
| | | rdous material <mark>means anything an enviro</mark> ial, pollutant, contaminant, or similar ter | | s a hazardous wa | aste, haza | rdous substance, toxic | substance, hazardous | | | | | | |
| Rep | ort all | notices, releases, and proceedings that | you know about, regard | dless of when the | ey occurr | ed. | | | | | | | |
| 24. | Has a | ny governmental unit notified you that y | ou may be liable or po | tentially liable ur | nder or in | violation of an environr | mental law? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | | | | |
| | | e of site | Governmental uni | t | Enviro | onmental law, if you | Date of notice | | | | | | |
| | | e Of Site eSS (Number, Street, City, State and ZIP Code) | Address (Number, St | | know | | Date of Hotice | | | | | | |

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| 25. | Have you notified any | governmental unit of | any release of hazardous material? | | | | | | |
|-------------------------------|--|---|---|--------------------------------------|--------------------|--|--|--|--|
| | ■ No | | | | | | | | |
| | ☐ Yes. Fill in the de | etails. | | | | | | | |
| | Name of site Address (Number, Stree | t, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a part | y in any judicial or adı | ministrative proceeding under any enviro | onmental law? Include settlements a | nd orders. | | | | |
| | ■ No □ Yes. Fill in the de | etails. | | | | | | | |
| | Case Title Case Number | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Par | t 11: Give Details Ab | out Your Business or | Connections to Any Business | | | | | | |
| 21. | ☐ A sole proprie ☐ A member of ☐ A partner in a ☐ An officer, dir ☐ An owner of a ■ No. None of the a | etor or self-employed in a limited liability compound partnership sector, or managing exact least 5% of the voting above applies. Go to liat apply above and fill | tcy, did you own a business or have any in a trade, profession, or other activity, e pany (LLC) or limited liability partnership eccutive of a corporation g or equity securities of a corporation Part 12. I in the details below for each business. Describe the nature of the business Name of accountant or bookkeeper | ither full-time or part-time | er | | | | |
| 28. | | ithin 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial stitutions, creditors, or other parties. | | | | | | | |
| | ■ No □ Yes. Fill in the de | etails below. | | | | | | | |
| | Name Address (Number, Street, City, State | and ZIP Code) | Date Issued | | | | | | |
| Par | t 12: Sign Below | | | | | | | | |
| I hav true bani 18 U | ve read the answers or and correct. I underst kruptcy case can resul I.S.C. §§ 152, 1341, 151 Bradley D. Goode | and that making a fals t in fines up to \$250,0 | nancial Affairs and any attachments, and e statement, concealing property, or obt 00, or imprisonment for up to 20 years, o | aining money or property by fraud in | | | | | |
| | adley D. Goode nature of Debtor 1 | | Signature of Deptor 2 | | | | | | |
| Dat | e <u>June 4, 2019</u> | | Date | | | | | | |
| Did : ■ N □ Y | lo | pages to Your Stateme | ent of Financial Affairs for Individuals Fili | ing for Bankruptcy (Official Form 10 | 7)? | | | | |
| Did : | | y someone who is not | t an attorney to help you fill out bankrupt | tcy forms? | | | | | |
| ПΥ | es. Name of Person | Attach the Bankru | ptcy Petition Preparer's Notice, Declaration, | and Signature (Official Form 119). | | | | | |
| Offici | ial Form 107 | Stater | ment of Financial Affairs for Individuals Filing | for Bankruptcy | page 6 | | | | |

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United States Bankruptcy Court District of Maryland, Baltimore Division

| IN RE: | | Case No. |
|----------------------------------|--|--|
| Goode, Bradley D. | | Chapter 13 |
| • | Debtor(s) | <u> </u> |
| | VERIFICATION OF CREDITOR N | MATRIX |
| The above named debtor(s) hereby | verify(ies) that the attached matrix listing c | reditors is true to the best of my(our) knowledge. |
| | | |
| | | |
| Date: June 4, 2019 | Signature: /s/ Bradley D. Goode | |
| | Bradley D. Goode | Debtor |
| | | |
| Date: | Signature: | |
| | | Joint Debtor, if any |

Capital One Bank USA N 15000 Capital One Dr Richmond, VA 23238-1119

Cb Indigo/gf PO Box 4499 Beaverton, OR 97076-4499

Comptroller of the Treasury Compliance Division 301 W Preston St # 409 Baltimore, MD 21201-2396

Ditech PO Box 6172 Rapid City, SD 57709-6172

Eos Cca PO Box 981008 Boston, MA 02298-1008

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107-0145

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 Receivable Management PO Box 17305 Richmond, VA 23226-7305

Regional Acceptance Co 300 Redland Ct Owings Mills, MD 21117-3271

| Fill in this information to identify your case: | | | | | | | |
|--|------------------|--|--|--|--|--|--|
| Debtor 1 | Bradley D. Goode | | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | | |
| United States Bankruptcy Court for the: District of Maryland, Baltimore Division | | | | | | | |
| Case number (if known) | | | | | | | |

| Chec | Check as directed in lines 17 and 21: | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|
| 1 | According to the calculations required by this Statement: | | | | | | | | |
| - | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | | | |

☐ Check if this is an amended filing

☐ 4. The commitment period is 5 years.

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| 9- | -,, | | | | | | | | |
|---------|--|-----------------------------|------------------------|------------------------|----------------------|-----------------------|--------------------|---|---------------------|
| Part | 1: Calculate Your Average Monthly Income | | | | | | | | |
| 1. | What is your marital and filing status? Check one or | nly. | | | | | | | |
| | ■ Not married. Fill out Column A, lines 2-11. | | | | | | | | |
| | $\hfill \Box$ Married. Fill out both Columns A and B, lines 2-11. | | | | | | | | |
| 10 6 | II in the average monthly income that you received from all 01(10A). For example, if you are filing on September 15, the 6-r months, add the income for all 6 months and divide the total by you the same rental property, put the income from that property | month perion 6. Fill in the | od would ne result. | be March Do not in | 1 throug | h Aug incon | ust 31. If the amo | unt of your monthly income han once. For example, if | e varied during the |
| | | | | | | Colun Debto | | Column B Debtor 2 or non-filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, overtime, payroll deductions). | and com | ımissioı | ns (befor | e all | \$ | 5,374.83 | \$ | |
| 3. | Alimony and maintenance payments. Do not include Column B is filled in. | paymen | ts from a | a spouse | | \$ | 0.00 | \$ | |
| 4. | All amounts from any source which are regularly pa of you or your dependents, including child support from an unmarried partner, members of your household, roommates. Do not include payments from a spouse. I listed on line 3 | . Include , your dep | regular endents | contribut , parents | ions , and ,ou | \$ | 0.00 | \$ | |
| 5. | Net income from operating a business, profession, or farm | Debtor | 1 | | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | | |
| | Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | | |
| | Net monthly income from a business, profession, or far | rm \$ | 0.00 | Copy h | nere -> S | ₿ | 0.00 | \$ | |
| 6. | Net income from rental and other real property | Debtor | - | | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | | |
| | Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | | |
| | Net monthly income from rental or other real property | \$ | 0.00 | Copy h | nere -> 🤄 | \$ | 0.00 | \$ | |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case number (if known)

| | | | | | | | Column A Debtor 1 | | | | |
|------|--------------------------|---|---|--|---------------------------|-------------|-------------------|--------------|---------------|--------------|----------------------------|
| | | dividends, and royalties | | | | | \$ | 0.00 | \$ | | |
| 8. | • | yment compensation | | | | | \$ | 0.00 | \$ | | - |
| | Social Se | ter the amount if you conten curity Act. Instead, list it he | ere: | | enefit und | ler the | | | | | |
| | | J | | | 0.00 | <u>)</u> | | | | | |
| | | ır spouse | | | | | | | | | |
| | under the | or retirement income. Do Social Security Act. | · | | | | \$ | 0.00 | \$ | | - |
| 10. | not includ a victim o | rom all other sources not e any benefits received under f a war crime, a crime agains ary, list other sources on a s | er the Social Sec st humanity, or in | urity Act or payme ternational or dom | nts receiv estic terro | ed as | | | | | |
| | _ | | | | | _ | \$ | 0.00 | \$ | | |
| | _ | | | | | _ | \$ | 0.00 | \$ | | - |
| | | Total amounts from separate | e pages, if any. | | _ | + | \$ | 0.00 | | | |
| 11. | | e your total average month Imn. Then add the total for | | | | \$ | 5,374.83 | + - | | _ | 5,374.83 |
| | | | | | L | | | | | | otal average onthly income |
| Part | | etermine How to Measure | | | | | | | | \$ | F 274 02 |
| 13. | Calculate | ur total average monthly i the marital adjustment. (| Check one: | <i>‡</i> 11. | | | | | | Ψ | 5,374.83 |
| | _ | are not married. Fill in 0 belo | | | | | | | | | |
| | ☐ You | are married and your spous | e is filing with you | u. Fill in 0 below. | | | | | | | |
| | | are married and your spous | | | | | | | | | |
| | | n the amount of the income n as payment of the spouse's | | | | | | | | s of you o | your dependents |
| | | w, specify the basis for excl | uding this income | e and the amount o | of income | devote | ed to each p | urpose. If r | necessary, li | st additiona | al adjustments on |
| | | parate page. s adjustment does not apply | , antar O balaw | | | | | | | | |
| | 11 1111 | s adjustifient does not apply | , enter o below. | | | \$ | | | | | |
| | | | | | - | \$ | | | | | |
| | | | | | + | - \$ | | | | | |
| | | | | | Γ | | | | | | |
| | | Total | | | | \$ | 0.0 | 00 Co | ppy here=> | | 0.00 |
| 14. | Your cu | rrent monthly income. So | ubtract line 13 fro | om line 12. | | | | | | \$ | 5,374.83 |
| 15. | Calcula | te your current monthly in | ncome for the ye | ear. Follow these | steps: | | | | | | |
| | 15a. C | opy line 14 here> | | | | | | | | \$ | 5,374.83 |
| | M | lultiply line 15a by 12 (the n | number of months | s in a year). | | | | | | X | 12 |
| | 15b. T | he result is your current mor | nthly income for t | he year for this par | rt of the fo | orm | | | | \$ | 64,497.96 |

Debtor 1 Goode, Bradley D.

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Case number (if known)

Goode, Bradley D. 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. MD 16b. Fill in the number of people in your household. 2 86.801.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 5,374.83 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 5.374.83 19b. Subtract line 19a from line 18. 20. Calculate your current monthly income for the year. Follow these steps: 5,374.83 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 64,497.96 20b. The result is your current monthly income for the year for this part of the form 86,801.00 20c. Copy the median family income for your state and size of household from line 16c \$ 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Bradley D. Goode **Bradley D. Goode** Signature of Debtor 1 Date June 4, 2019 MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Debtor 1

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapt | er 7: | Liquidation |
|-------|-------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B201B (Form 201B) (12/09)

United States Bankruptcy Court District of Maryland, Baltimore Division

| IN RE: | Case No |
|------------------------------|-------------------------|
| Goode, Bradley D. Debtor(s) | Chapter 13 |
| CERTIFICATION OF NOTICE | E TO CONSUMER DEBTOR(S) |

| UNDER § | 342(b) OF THE BANKRUPTCY CODE | |
|--|--|--|
| Certificate of [| Non-Attorney] Bankruptcy Petition Prep | oarer |
| I, the [non-attorney] bankruptcy petition preparer notice, as required by § 342(b) of the Bankruptcy | | I delivered to the debtor the attached |
| Printed Name and title, if any, of Bankruptcy Peti Address: | petition the Some | 1 Security number (If the bankruptcy on preparer is not an individual, state ocial Security number of the officer, ipal, responsible person, or partner of ankruptcy petition preparer.) |
| X | | nired by 11 U.S.C. § 110.) |
| Signature of Bankruptcy Petition Preparer of office partner whose Social Security number is provided | | |
| | Certificate of the Debtor | |
| I (We), the debtor(s), affirm that I (we) have received | ved and read the attached notice, as required by | § 342(b) of the Bankruptcy Code. |
| Goode, Bradley D. | X /s/ Bradley D. Goode | 6/04/2019 |
| Printed Name(s) of Debtor(s) | Signature of Debtor | Date |
| Case No. (if known) | X | |
| | Signature of Joint Debtor | (if any) Date |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.